ر	·••	DT04 Rec'd PCT/PTO 2 9 JUN 2003						
U.S. A	PPLICATIO	70°/5062'8	8	INTERNATIONAL APPLICATI PCT/EP02/1382				DOCKET NUMBER 2US0PCT
24.		following fees are submitted:					CALCULATION	S PTO USE ONLY
BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)):								
П	Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO							
Ø	International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO							
International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO								
0	but all claims did not satisfy provisions of PCT Article 33(1)-(4)							
International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4)								
ENTER APPROPRIATE BASIC FEE AMOUNT = \$920.00								
Surcharge of \$130.00 for furnishing the oath or declaration later than 20 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).							\$130.00	
CLAIMS NUM		NUMBER FILE		NUMBER EXTRA	RATE		20.00	
Total claims		17 - 20		0	x \$18.0	_	\$0.00 \$0.00	
Independent claims 1 - 3 =			0	x \$84.0	0	\$0.00		
Multiple Dependent Claims (check if applicable). TOTAL OF ABOVE CALCULATIONS =							\$1,050.00	
Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. \$0.00								
SUBTOTAL =							\$1,050.00	
Processing fee of \$130.00 for furnishing the English translation later than 20 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).							\$0.00	
TOTAL NATIONAL FEE =							\$1,050.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable).							\$0.00	
TOTAL FEES ENCLOSED =							\$1,050.00	
							Amount to be: refunded	\$
							charged	S
a. A check in the amount of to cover the above fees is enclosed. b. Please charge my Deposit Account No in the amount of to cover the above fees.								
C.	c.							
đ.	d. Sees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.								
SEND ALL CORRESPONDENCE TO:								
Tolonhana New (702) 112 2000 Quint Quint								
Fax No: (703)413-2220 Registration No. 34,423							. . .	
					Norman F. Oblon NAME 24,618			
•					REGISTRATIO		N NUMBER	
				·			une 29 20	04
DATE								